
(Name – Insurance Company)

Withdrawal Request – State Deposit Trust Account

_____, _____ day of _____,
City State

INSURANCE COMMISSIONER
State of Washington
Olympia, Washington

We wish to withdraw from our STATE DEPOSIT TRUST ACCOUNT the following described securities and request that you direct the Depository Bank, on the form below, to deliver the said securities to us.

Par Value	Market Value	Description	Coupons or Interest Rate	Dated	Year Due	Bond No.
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New balance \$ _____
(excluding above securities)

Company _____

By: _____

Title _____

(Please insert bank name and address)

Olympia, Washington, _____ day of _____, _____.

I approve withdrawal of the above described securities from the STATE DEPOSIT

TRUST ACCOUNT of the _____, and authorize and direct
you to
(name of company)

deliver said securities to the _____
(name of company)

Mike Kreidler
Insurance Commissioner, State of Washington

By _____

Deputy Insurance Commissioner
Company Supervision Division